



FORMAL SEARCH REQUEST FOR CORD BLOOD UNIT

This form is to be submitted to the National Stem Cell Coordinating Centre through fax (603) 26132674 or email to nscgc@moh.gov.my, address: NSCCC, Pusat Darah Negara, Jalan Tun Razak 50400 Kuala Lumpur, Malaysia. Please fill in patient ID (IC/MRN) and CBU ID on every page of this form.

Date of submission : _____

Section 1: General

Name of patient	:	_____
IC	:	MRN :
Date of birth	:	Gender :
Weight	:	Race :
Height	:	Blood type :
Diagnosis	:	_____
Date of diagnosis	:	_____

NSCCC CBU ID : _____
: _____
: _____

Patient ID (IC/MRN)

NSCCC CBU ID

Section 2: Delivery detail

Proposed delivery dates

First choice	:
Second choice	:
Third choice	:

Name of hospital :

Delivery address :
:
:
:

Name of physician :

Designation :

Tel (office) Tel (fax) :

Tel (mobile) : Email :

Name of coordinator :

Designation :

Tel (office) Tel (fax) :

Tel (mobile) : Email :

Patient ID (IC/MRN)

NSCCC CBU ID

Section 3: Physician Verification

Other additional comments:

By requesting this Cord Blood Unit for the purpose of transplantation on behalf of the above named patient, I confirm that:

1. The degree of HLA match, DNA typing and all laboratory results are acceptable
2. Delivery of the CBU specify above for the transplant may proceed.
3. The use of CBU has been approved by IRB and the patient has been fully advised of the associated risk and has signed the proper informed consent form.
4. If, for any reason, the CBU is not used for transplantation, the transplant centre may not return the CBU to NSCCC.
5. The transplant centre agrees to provide NSCCC with post transplantation data, including information on serious adverse events, outcome data, complications and mortality. The data will be provided at regular intervals as specified by NSCCC. In the event of mortality post transplantation, it has to be reported to NSCCC within 24 hours and a written report as soon as possible no later than 7 days.

(signature of the physician)

Name : _____
IC : _____
MMC no. : _____
Designation : _____
Institution : _____